



## SUPERVISOR'S STATEMENT

Form Approved:  
OMB No. 3206-0171

### In Connection With Disability Retirement Under the Federal Employees' Retirement System

#### Section A -- Applicant Identification

1. Name (Last, first, middle)	2. Date of birth (mo., day, yr.)	3. Social Security Number
-------------------------------	----------------------------------	---------------------------

#### Section B -- Information About Employee's Performance (See Supervisor's Guidelines on back)

1. Title of Current Position (Attach a copy of position description and for employees covered by FPM Chapter 430, current performance standards and latest performance evaluation)		2. Job Series, Grade and Step		3. Date of Entry Into Current Position (mo., day, yr.)					
4. Is employee unable to perform or is performance less than fully successful with regard to any critical element of current position?		<table><tr><td>Yes</td><td>Complete items B5-B7</td></tr><tr><td>No</td><td>Go to Section C</td></tr></table>				Yes	Complete items B5-B7	No	Go to Section C
Yes	Complete items B5-B7								
No	Go to Section C								
5. Approximate Date Unacceptable Performance or Inability to Perform Began (mo., day, yr.)	6. Has employee received, after the date in item 5, a within-grade step or merit pay increase or an award based on performance of a critical element of the position? Yes No		6a. Was within-grade increase granted under 5 CFR 531.409(d)? Yes No		Dates of performance on which increase or award was based				
7. Identify critical element(s) of the position which employee does not perform successfully or at all. If performance is not fully successful, explain how. Attach supporting documentation such as notice to employee that performance is less than fully successful or physician's recommendation regarding medical restrictions.									

#### Section C -- Information About Employee's Attendance (See Supervisor's Guidelines on back)

1. Has employee's attendance stopped for apparent medical reasons?	Yes No	1a. How long is absence expected to continue (if known)?			
2. Is employee's attendance unacceptable for continuing in current position?	Yes No	Complete items C3-C5 Go to Section D		3. Approximate date attendance stopped or became unacceptable (mo., yr.)	
4. Explain impact of employee's absence on your work operations.					
5. How many hours of leave has employee used since date in Item C3 for apparent medical reasons? (Attach an explanation of why you approved leave and copies of medical information on which you based your decision to approve leave, leave records, records of contact with or notices to employee. Include as much information as possible about specific reasons for leave use.)					
ENTER LEAVE HOURS USED				Annual	Sick LWOP

#### Section D -- Information About Employee's Conduct (See Supervisor's Guidelines on back)

1. Is employee's conduct unsatisfactory?	Yes No	Complete items D2-D3 Go to Section E	2. Approximate date conduct became deficient (mo., yr.)
3. Describe how conduct is unsatisfactory (attach supporting documentation, such as notices to employee of proposed adverse actions)			

#### Section E -- Accommodations (See Supervisor's Guide on back)

1. What efforts have you made to accommodate employee?
--

#### Section F -- Supervisor's Certification

How long have you supervised employee? Years Months	Supervisor's Telephone Number (Including Area Code)	Supervisor's Office Mailing Address
I certify that all statements made on this Supervisor's Statement are true to the best of my knowledge and belief.		
Supervisor's Signature	Date	
Supervisor's Name (Typed)		